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OIPE		Application Number	10/800,992
TÉANSMITTAL		Filing Date	March 15, 2004
JUN 2.3 2006 FORM		First Named Inventor	BECK et al.
(to be used by all correspondence after initial fi	ilina)	Group Art Unit	1614
(to be used all correspondence after initial fi		Examiner Name	Jagoe, Donna A.
Total Number of Pages in This Submission	6	Attorney Docket Number	D-2804CON2

	-	ENCLOSURES (check all	that apply)	
Fee Transmittal Form	m	Drawing(s)	After Allowance (Communication
Fee Attached		Licensing-related Papers	Appeal Commun and Interferences	ication to Board of Appeals s
Amendment/Reply		Petition	Appeal Communic (Appeal Notice, Brief	
After Final		Petition to Convert to a Provisional Application	Proprietary Inforr	nation
Affidavits/decl	aration(s)	Power of Attorney, Revocation Change of Correspondence	Status Letter	
Extension of Time R	equest	Address Terminal Disclaimer	Other Enclosure((please identify below	
Express Abandonmo	ent	Request for Refund	Notice of Appeal	
Information Disclosu Statement	ıre	CD, Number of CD(s)		
Certified Copy of Pri Document(s)	ority	Landscape Table on CD		
Response to Missing Incomplete Application		Remarks	<u>. </u>	
Response to M Parts under 37 1.52 or 1.53				
	SI	GNATURE OF APPLICANT, ATTOR	NEY, OR AGENT	
Firm Name Stout,	\Uxa, Bu	yan & Mullins, LLP		,
Signature	Inlo	entite /ce		
Printed Name Cano	À. Fishe	er		
Date	COZ	106	Reg. No.	36,510
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with the United States Pos	tal Service	ce is being facsimile transmitted to the with sufficient postage as first clas 150, Alexandria, VA 22313-1450 on the	s mail in an envelope ac	
Signature	al	icia Curran		
Typed or printed name	A	icia Curran	1	Date 6/21/06

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FEE TRANSMITTAL NUN 2 3 2006 for FY 2005			Application Number Filing Date		March 15, 2004			
JUN 2 3 2006 FOR	FY 20)05				BECK et al.		
DVI "	e subject to ann			Examiner Name		Jagoe, Donna A.		
on claims small entity status. See 37 CFR 1.27			Art Unit		1614			
TOTAL AMOUNT OF PAYMENT (\$) 620.00					D-2804CON2			
			0.00	Attorney Doc	kel No.	D-2804CON	12	-
METHOD OF PAYMENT	(check all that	apply)						
Check Credit	t Card	Money Orde	er No	ne Other (please iden	tify):		
Deposit Account	Deposit Ad	count Numbe	er <u>01-0</u>	0885 Dep	osit Accour	nt Name	Carlos A.	Fisher
For the above-ident	ifled deposit a	ccount, the Dire	ector is hereby	y authorized to: (ch	eck all that appl	y)		
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) associated wi	th this	Credit a	iny overpaym	ents		
communication WARNING: Information on this		ome public. Cre	edit card informa	ation should not be i	ncluded on this	s form. Provide cre	dit card inform	ation and
authorization on PTO-2038.								
FEE CALCULATION		· · · · · · · · · · · · · · · · · · ·						
1. BASIC FILING, SEAR	FILING			H FEES	FXAMINA	ATION FEES		
		mall Entity	OLARO	Small Entity		Small Entity	!	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fees Paid (\$
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
	_					<u>Subt</u>	otal (1)	<u>o</u>
2. EXCESS CLAIM FEES	<u>s</u>							Small Entity
Fee Description							Fee (\$)	Fee (\$)
Each claim over 20 or , for Re	-						50	25
Each Independent claim over	3 or, for Reissu	es, each indepe	ndent claim mo	re than in the origina	al patent		200	100
Multiple Dependent Claims Total Claims	Extra Claims	Fee (\$) Fee P	aid (\$)			360	180
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